

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Libertarian Party of Illinois

ADDRESS (number and street)

c/o Jan Stover

515 W Main

☐Check if different
than previously
reported. (ACC)

Greenville

IL

62246

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00315713

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

12

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Debra J. Aaron

Signature of Treasurer

Electronically Filed by Debra J. Aaron

Date

05

22

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period:

From:

M	M		D	D		Y	Y	Y	Y
0	7		0	1		2	0	0	5

To:

M	M		D	D		Y	Y	Y	Y
1	2		3	1		2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		1203.48
(b) Cash on Hand at Beginning of Reporting Period	1258.23	
(c) Total Receipts (from Line 19)	31842.45	50655.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33100.68	51858.93
7. Total Disbursements (from Line 31)	31988.23	50746.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1112.45	1112.45
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	11470.17	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Libertarian Party of Illinois

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22252.32	27232.32
(i) Itemized (use Schedule A)		
(ii) Unitemized	4480.00	12005.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	26732.32	39237.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	26732.32	39237.82
12. Transfers From Affiliated/Other Party Committees	4661.50	10969.00
13. All Loans Received	448.63	448.63
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31842.45	50655.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31842.45	50655.45

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		31988.23	50746.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		31988.23	50746.48
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		31988.23	50746.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		31988.23	50746.48

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	26732.32	39237.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26732.32	39237.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31988.23	50746.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31988.23	50746.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Anne V. Bilinski

Mailing Address 1917 W Chase

City State Zip Code
 Chicago IL 60626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.9236

Amount of Each Receipt this Period

270.00

Pledge

Full Name (Last, First, Middle Initial)

B. Anne V. Bilinski

Mailing Address 1917 W Chase

City State Zip Code
 Chicago IL 60626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9234

Amount of Each Receipt this Period

50.00

Pledge

Full Name (Last, First, Middle Initial)

C. Anne V. Bilinski

Mailing Address 1917 W Chase

City State Zip Code
 Chicago IL 60626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9235

Amount of Each Receipt this Period

50.00

Pledge

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Jason Briggeman Mailing Address 1742 W Wellington Ave Apt 1 City Chicago State IL Zip Code 60657 FEC ID number of contributing federal political committee. C Name of Employer Richard Day Research Occupation Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9323 Amount of Each Receipt this Period 50.00 Pledge
B. Full Name (Last, First, Middle Initial) Jason Briggeman Mailing Address 1742 W Wellington Ave Apt 1 City Chicago State IL Zip Code 60657 FEC ID number of contributing federal political committee. C Name of Employer Richard Day Research Occupation Project Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 5 / 2 0 0 5 Transaction ID: SA11A1.9337 Amount of Each Receipt this Period 50.00 Pledge
C. Full Name (Last, First, Middle Initial) Ron Clark Mailing Address 1103 S Old Route 66 Apt 18 City Litchfield State IL Zip Code 62056 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Laborer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5 Transaction ID: SA11A1.9411 Amount of Each Receipt this Period 135.00 Pledge
SUBTOTAL of Receipts This Page (optional) ▶			235.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Ron Clark		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 5
Mailing Address 1103 S Old Route 66 Apt 18		Transaction ID: SA11A1.9412
City Litchfield	State IL	Zip Code 62056
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Laborer	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

B. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9677
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 2 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9254
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9255
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

B. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 2 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9256
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

C. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9257
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 140.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Damon Dillon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5
Mailing Address 10534 Antioch Rd		Transaction ID: SA11A1.9258
City Tremont	State IL	Zip Code 61568
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Not Given	Occupation Not Given	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	

B. Full Name (Last, First, Middle Initial) Ms. Julia Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 0 / 2 0 0 5
Mailing Address 310 North Van Buren Street		Transaction ID: SA11A1.9352
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Bell Flavors & Fragrances	Occupation Controller	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C. Full Name (Last, First, Middle Initial) Ms. Julia Fox		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 5
Mailing Address 310 North Van Buren Street		Transaction ID: SA11A1.9361
City Dundee	State IL	Zip Code 60118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 330.00
Name of Employer Bell Flavors & Fragrances	Occupation Controller	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00	

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Ms. Julia Fox Mailing Address 310 North Van Buren Street City State Zip Code Dundee IL 60118 FEC ID number of contributing federal political committee. C Name of Employer Occupation Bell Flavors & Fragrances Controller Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5476.32			Date of Receipt MM / DD / YYYY 11 / 17 / 2005 Transaction ID: SA11A1.9353 Amount of Each Receipt this Period 4821.32 Donation
B. Full Name (Last, First, Middle Initial) Fox Valley Libertarians Mailing Address 507 S. Seventh St. City State Zip Code West Dundee IL 60118 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 09 / 21 / 2005 Transaction ID: SA11A1.9668 Amount of Each Receipt this Period 500.00 Donation
C. Full Name (Last, First, Middle Initial) Mr. James R. Haring Mailing Address 738 West Schubert Avenue City State Zip Code Chicago IL 60614 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self-employed financial advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt MM / DD / YYYY 09 / 18 / 2005 Transaction ID: SA11A1.9312 Amount of Each Receipt this Period 25.00 Pledge
SUBTOTAL of Receipts This Page (optional) ▶			5346.32
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Mr. James R. Haring

Mailing Address 738 West Schubert Avenue

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
financial advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9313

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)

Mr. James R. Haring

Mailing Address 738 West Schubert Avenue

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
financial advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9314

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

Mr. James R. Haring

Mailing Address 738 West Schubert Avenue

City State Zip Code
 Chicago IL 60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
financial advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9315

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 4 / 2 0 0 5
Mailing Address 300 Spencer St Trlr 71		Transaction ID: SA11A1.9297
City State Zip Code Dwight IL 60420	Amount of Each Receipt this Period 115.00	
FEC ID number of contributing federal political committee. C	Pledge	
Name of Employer Morris Country Club	Occupation Bartender	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00	

B. Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 5 / 2 0 0 5
Mailing Address 300 Spencer St Trlr 71		Transaction ID: SA11A1.9298
City State Zip Code Dwight IL 60420	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Pledge	
Name of Employer Morris Country Club	Occupation Bartender	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 305.00	

C. Full Name (Last, First, Middle Initial) Fran Holt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 300 Spencer St Trlr 71		Transaction ID: SA11A1.9299
City State Zip Code Dwight IL 60420	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C	Pledge	
Name of Employer Morris Country Club	Occupation Bartender	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
 Alan J. Iliff
 Mailing Address 5713 N Kimball Ave

City State Zip Code
 Chicago IL 60659

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Park Univ

Occupation
 educator/professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9232

Amount of Each Receipt this Period

10.00

Pledge

B. Full Name (Last, First, Middle Initial)
 Jeff Jones
 Mailing Address 420 W. Gallatin

City State Zip Code
 Vandalia IL 62471

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sunshine Health Inc.

Occupation
 retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9325

Amount of Each Receipt this Period

405.00

Donation

C. Full Name (Last, First, Middle Initial)
 Jeff Jones
 Mailing Address 420 W. Gallatin

City State Zip Code
 Vandalia IL 62471

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sunshine Health Inc.

Occupation
 retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9707

Amount of Each Receipt this Period

50.00

Pledge

SUBTOTAL of Receipts This Page (optional)

465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 420 W. Gallatin

City State Zip Code
 Vandalia IL 62471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Health Inc.

Occupation
retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.9326

Amount of Each Receipt this Period

10.00

Pledge

B. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 420 W. Gallatin

City State Zip Code
 Vandalia IL 62471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Health Inc.

Occupation
retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9327

Amount of Each Receipt this Period

100.00

Pledge

C. Full Name (Last, First, Middle Initial)
Jeff Jones

Mailing Address 420 W. Gallatin

City State Zip Code
 Vandalia IL 62471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunshine Health Inc.

Occupation
retailer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 0 5

Transaction ID: SA11A1.9328

Amount of Each Receipt this Period

10.00

Pledge

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Crystal Jurczynski
Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crystal Point Consulting

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 0 / 2 0 0 5

Transaction ID: SA11A1.9251

Amount of Each Receipt this Period

135.00

Pledge

B. Full Name (Last, First, Middle Initial)
Crystal Jurczynski
Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crystal Point Consulting

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 5

Transaction ID: SA11A1.9252

Amount of Each Receipt this Period

150.00

Pledge

C. Full Name (Last, First, Middle Initial)
Crystal Jurczynski
Mailing Address 895 Winchester Ct.

City State Zip Code
Carol Stream IL 60188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crystal Point Consulting

Occupation
consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9253

Amount of Each Receipt this Period

50.00

Pledge

SUBTOTAL of Receipts This Page (optional)

335.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) David Kelley Mailing Address 3456 Dallas Rd. City State Zip Code Rockford IL 61109 FEC ID number of contributing federal political committee. C Name of Employer P-G Architecture Occupation Construction Mgr. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 5 Transaction ID: SA11A1.9362 Amount of Each Receipt this Period 270.00 Pledge
B. Full Name (Last, First, Middle Initial) Katherine M Kelley Mailing Address 3456 Dallas Rd. City State Zip Code Rockford IL 61109 FEC ID number of contributing federal political committee. C Name of Employer Kitzman Occupation Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 735.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9355 Amount of Each Receipt this Period 75.00 Pledge
C. Full Name (Last, First, Middle Initial) Katherine M Kelley Mailing Address 3456 Dallas Rd. City State Zip Code Rockford IL 61109 FEC ID number of contributing federal political committee. C Name of Employer Kitzman Occupation Accountant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 810.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9356 Amount of Each Receipt this Period 75.00 Pledge

SUBTOTAL of Receipts This Page (optional)

420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Katherine M Kelley

Mailing Address 3456 Dallas Rd

City State Zip Code
 Rockford IL 61109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kitzman

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9357

Amount of Each Receipt this Period

75.00

Pledge

B. Full Name (Last, First, Middle Initial)

Katherine M Kelley

Mailing Address 3456 Dallas Rd

City State Zip Code
 Rockford IL 61109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kitzman

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9359

Amount of Each Receipt this Period

75.00

Pledge

C. Full Name (Last, First, Middle Initial)

Katherine M Kelley

Mailing Address 3456 Dallas Rd

City State Zip Code
 Rockford IL 61109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kitzman

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9358

Amount of Each Receipt this Period

75.00

Pledge

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Katherine M Kelley

Mailing Address 3456 Dallas Rd

City State Zip Code
 Rockford IL 61109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kitzman

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9360

Amount of Each Receipt this Period

75.00

Pledge

B. Full Name (Last, First, Middle Initial)

David Lee

Mailing Address RR2 Box 126

City State Zip Code
 Heyworth IL 61745

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMNA

Occupation
Logistics Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 5 / 2 0 0 5

Transaction ID: SA11A1.9658

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

David Lee

Mailing Address RR2 Box 126

City State Zip Code
 Heyworth IL 61745

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMNA

Occupation
Logistics Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.9661

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) David Lee		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address RR2 Box 126		Transaction ID: SA11A1.9669
City Heyworth	State IL	Zip Code 61745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MMNA	Occupation Logistics Engineer	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.50	

B. Full Name (Last, First, Middle Initial) David Lee		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address RR2 Box 126		Transaction ID: SA11A1.9694
City Heyworth	State IL	Zip Code 61745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 145.00
Name of Employer MMNA	Occupation Logistics Engineer	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.50	

C. Full Name (Last, First, Middle Initial) David Lee		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address RR2 Box 126		Transaction ID: SA11A1.9667
City Heyworth	State IL	Zip Code 61745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MMNA	Occupation Logistics Engineer	Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 555.50	

SUBTOTAL of Receipts This Page (optional)

195.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 21 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

David Lee

Mailing Address RR2 Box 126

City State Zip Code
 Heyworth IL 61745

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMNA

Occupation
Logistics Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 5

Transaction ID: SA11A1.9268

Amount of Each Receipt this Period

50.00

Pledge

B. Full Name (Last, First, Middle Initial)

David Lee

Mailing Address RR2 Box 126

City State Zip Code
 Heyworth IL 61745

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMNA

Occupation
Logistics Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 7 / 2 0 0 5

Transaction ID: SA11A1.9269

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

David Lee

Mailing Address RR2 Box 126

City State Zip Code
 Heyworth IL 61745

FEC ID number of contributing
federal political committee.

C

Name of Employer
MMNA

Occupation
Logistics Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.50

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 5

Transaction ID: SA11A1.9685

Amount of Each Receipt this Period

53.00

Pledge

SUBTOTAL of Receipts This Page (optional)

128.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) David Lee Mailing Address RR2 Box 126 City Heyworth State IL Zip Code 61745 FEC ID number of contributing federal political committee. C Name of Employer MMNA Occupation Logistics Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 983.50		Date of Receipt MM / DD / YYYY 11 / 07 / 2005 Transaction ID: SA11A1.9684 Amount of Each Receipt this Period 300.00 Pledge
B. Full Name (Last, First, Middle Initial) David Lee Mailing Address RR2 Box 126 City Heyworth State IL Zip Code 61745 FEC ID number of contributing federal political committee. C Name of Employer MMNA Occupation Logistics Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1183.50		Date of Receipt MM / DD / YYYY 11 / 09 / 2005 Transaction ID: SA11A1.9270 Amount of Each Receipt this Period 200.00 Pledge
C. Full Name (Last, First, Middle Initial) Edward S Mann Mailing Address 837 Park Plaine Ave City Park Ridge State IL Zip Code 60068 FEC ID number of contributing federal political committee. C Name of Employer NBC (WMAQ-TV) Occupation broadcasting engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 07 / 18 / 2005 Transaction ID: SA11A1.9285 Amount of Each Receipt this Period 50.00 Pledge

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC (WMAQ-TV)

Occupation
broadcasting engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9286

Amount of Each Receipt this Period

50.00

Pledge

B. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC (WMAQ-TV)

Occupation
broadcasting engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9287

Amount of Each Receipt this Period

50.00

Pledge

C. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC (WMAQ-TV)

Occupation
broadcasting engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9288

Amount of Each Receipt this Period

50.00

Pledge

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC (WMAQ-TV)

Occupation
broadcasting engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9289

Amount of Each Receipt this Period

50.00

Pledge

B. Full Name (Last, First, Middle Initial)
Edward S Mann
Mailing Address 837 Park Plaine Ave

City State Zip Code
Park Ridge IL 60068

FEC ID number of contributing
federal political committee.

C

Name of Employer
NBC (WMAQ-TV)

Occupation
broadcasting engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9290

Amount of Each Receipt this Period

50.00

Pledge

C. Full Name (Last, First, Middle Initial)
Ms. Audrey Nelson
Mailing Address 519 North Rockford Avenue

City State Zip Code
Rockford IL 61107

FEC ID number of contributing
federal political committee.

C

Name of Employer
IL State toll

Occupation
toll Collector

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9237

Amount of Each Receipt this Period

135.00

Pledge

SUBTOTAL of Receipts This Page (optional)

235.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Ms. Audrey Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address 519 North Rockford Avenue		Transaction ID: SA11A1.9238	
City Rockford	State IL	Zip Code 61107	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer IL State toll	Occupation toll Collector	Aggregate Year-to-Date ▼ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Ms. Audrey Nelson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 4 / 2 0 0 5	
Mailing Address 519 North Rockford Avenue		Transaction ID: SA11A1.9239	
City Rockford	State IL	Zip Code 61107	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer IL State toll	Occupation toll Collector	Aggregate Year-to-Date ▼ 465.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Mr. Daniel O'Connell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 5	
Mailing Address 3331 E Fifth Rd		Transaction ID: SA11A1.9259	
City LaSalle	State IL	Zip Code 61301-9606	Amount of Each Receipt this Period 135.00
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer Self-employed	Occupation Dentist	Aggregate Year-to-Date ▼ 335.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)

185.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Mr. Daniel O'Connell

Mailing Address 3331 E Fifth Rd

City State Zip Code
 LaSalle IL 61301-9606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9711

Amount of Each Receipt this Period

5.00

Pledge

B. Full Name (Last, First, Middle Initial)

Mr. Daniel O'Connell

Mailing Address 3331 E Fifth Rd

City State Zip Code
 LaSalle IL 61301-9606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9260

Amount of Each Receipt this Period

100.00

Pledge

C. Full Name (Last, First, Middle Initial)

Mr. B. David Peerenboom

Mailing Address 20964 West Long Grove Road

City State Zip Code
 Lake Zurich IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Design Service-
s, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9263

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Mr. B. David Peerenboom

Mailing Address 20964 West Long Grove Road

City State Zip Code
Lake Zurich IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Design Service-
s, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9265

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)
Mr. B. David Peerenboom

Mailing Address 20964 West Long Grove Road

City State Zip Code
Lake Zurich IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Design Service-
s, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9266

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)
Mr. B. David Peerenboom

Mailing Address 20964 West Long Grove Road

City State Zip Code
Lake Zurich IL 60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electronic Design Service-
s, Inc.

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9267

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
 Wonder Lake IL 60097

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.9365

Amount of Each Receipt this Period

135.00

Pledge

B. Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
 Wonder Lake IL 60097

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9364

Amount of Each Receipt this Period

1000.00

Donation

C. Full Name (Last, First, Middle Initial)
Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
 Wonder Lake IL 60097

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1845.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9710

Amount of Each Receipt this Period

5.00

Pledge

SUBTOTAL of Receipts This Page (optional)

1140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Ms. Kathleen Polizzi

Mailing Address 8600 Howe Rd.

City State Zip Code
 Wonder Lake IL 60097

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6845.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: SA11A1.9363

Amount of Each Receipt this Period

5000.00

Donation

B. Full Name (Last, First, Middle Initial)

Ken Prazak

Mailing Address 315 Barrington Ave.

City State Zip Code
 East Dundee IL 60118

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
painter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.9368

Amount of Each Receipt this Period

135.00

Pledge

C. Full Name (Last, First, Middle Initial)

Ken Prazak

Mailing Address 315 Barrington Ave.

City State Zip Code
 East Dundee IL 60118

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
painter

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9369

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

5160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Rockford Area Libertarians

Mailing Address P.O. Box 4775

City State Zip Code
 Rockford IL 61110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9699

Amount of Each Receipt this Period

300.00

Donation

B. Full Name (Last, First, Middle Initial)

Susan L. Schell

Mailing Address 135 Wildwood Rd.

City State Zip Code
 Elk Grove Village IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9717

Amount of Each Receipt this Period

100.00

Pledge

C. Full Name (Last, First, Middle Initial)

Susan L. Schell

Mailing Address 135 Wildwood Rd.

City State Zip Code
 Elk Grove Village IL 60007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9421

Amount of Each Receipt this Period

135.00

Pledge

SUBTOTAL of Receipts This Page (optional)

535.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Susan L. Schell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5
Mailing Address 135 Wildwood Rd.		
City	State	Zip Code
Elk Grove Village	IL	60007
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.9420
Name of Employer Unknown		Amount of Each Receipt this Period 1000.00
Occupation Unknown		Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1450.00		

B. Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 519 Normandy Ln.		
City	State	Zip Code
Barrington	IL	60010
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.9438
Name of Employer retired		Amount of Each Receipt this Period 130.00
Occupation retired		Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 290.00		

C. Full Name (Last, First, Middle Initial) Walter Simons		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 3 / 2 0 0 5
Mailing Address 519 Normandy Ln.		
City	State	Zip Code
Barrington	IL	60010
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.9436
Name of Employer retired		Amount of Each Receipt this Period 20.00
Occupation retired		Pledge
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 310.00		

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Walter Simons
Mailing Address 519 Normandy Ln.

City State Zip Code
Barrington IL 60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9439

Amount of Each Receipt this Period

170.00

Pledge

B. Full Name (Last, First, Middle Initial)
Larry Stafford
Mailing Address PO Box 730

City State Zip Code
Roscoe IL 61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSI, Janesville, Inc.

Occupation
Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.9370

Amount of Each Receipt this Period

270.00

Pledge

C. Full Name (Last, First, Middle Initial)
Larry Stafford
Mailing Address PO Box 730

City State Zip Code
Roscoe IL 61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSI, Janesville, Inc.

Occupation
Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9371

Amount of Each Receipt this Period

20.00

Pledge

SUBTOTAL of Receipts This Page (optional)

460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Larry Stafford

Mailing Address PO Box 730

City State Zip Code
 Roscoe IL 61073

FEC ID number of contributing
federal political committee.

C

Name of Employer
LSI, Janesville, Inc.

Occupation
Truck Driver

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.9400

Amount of Each Receipt this Period

10.00

Pledge

B. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.9440

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9441

Amount of Each Receipt this Period

20.00

Pledge

SUBTOTAL of Receipts This Page (optional)

55.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9442

Amount of Each Receipt this Period

20.00

Pledge

B. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9443

Amount of Each Receipt this Period

20.00

Pledge

C. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 5

Transaction ID: SA11A1.9445

Amount of Each Receipt this Period

300.00

Pledge

SUBTOTAL of Receipts This Page (optional)

340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9446

Amount of Each Receipt this Period

100.00

Pledge

B. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9448

Amount of Each Receipt this Period

100.00

Pledge

C. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9708

Amount of Each Receipt this Period

5.00

Pledge

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9444

Amount of Each Receipt this Period

20.00

Pledge

B. Full Name (Last, First, Middle Initial)

Walter Steele

Mailing Address 909 Finney

City State Zip Code
 Carterville IL 62918

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Cellular

Occupation
Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9447

Amount of Each Receipt this Period

20.00

Pledge

C. Full Name (Last, First, Middle Initial)

Mr. William J. Stephens

Mailing Address Unit G
 2042 Berkshire Circle

City State Zip Code
 Carpentersville IL 60110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITT McDonnell & Miller

Occupation
Production Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9451

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Mr. William J. Stephens

Mailing Address Unit G

2042 Berkshire Circle

City

Carpentersville

State

IL

Zip Code

60110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITT McDonnell & Miller

Occupation

Production Planner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9452

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)

Mr. William J. Stephens

Mailing Address Unit G

2042 Berkshire Circle

City

Carpentersville

State

IL

Zip Code

60110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITT McDonnell & Miller

Occupation

Production Planner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9453

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

Mr. William J. Stephens

Mailing Address Unit G

2042 Berkshire Circle

City

Carpentersville

State

IL

Zip Code

60110

FEC ID number of contributing
federal political committee.

C

Name of Employer
ITT McDonnell & Miller

Occupation

Production Planner

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9454

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Mr. William J. Stephens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address Unit G 2042 Berkshire Circle		Transaction ID: SA11A1.9456	
City State Zip Code Carpentersville IL 60110		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer ITT McDonnell & Miller		Occupation Production Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00	
B. Full Name (Last, First, Middle Initial) Mr. William J. Stephens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 4 / 2 0 0 5	
Mailing Address Unit G 2042 Berkshire Circle		Transaction ID: SA11A1.9457	
City State Zip Code Carpentersville IL 60110		Amount of Each Receipt this Period 130.00	
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer ITT McDonnell & Miller		Occupation Production Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	
C. Full Name (Last, First, Middle Initial) Mr. William J. Stephens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5	
Mailing Address Unit G 2042 Berkshire Circle		Transaction ID: SA11A1.9455	
City State Zip Code Carpentersville IL 60110		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		Pledge	
Name of Employer ITT McDonnell & Miller		Occupation Production Planner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 535.00	

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Mark Stockfisch
Mailing Address 138 Lawrence Ave.

City State Zip Code
Bloomington IL 60108-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Data Inc

Occupation
Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9379

Amount of Each Receipt this Period

30.00

Pledge

B. Full Name (Last, First, Middle Initial)
Mark Stockfisch
Mailing Address 138 Lawrence Ave.

City State Zip Code
Bloomington IL 60108-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Data Inc

Occupation
Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9380

Amount of Each Receipt this Period

30.00

Pledge

C. Full Name (Last, First, Middle Initial)
Mark Stockfisch
Mailing Address 138 Lawrence Ave.

City State Zip Code
Bloomington IL 60108-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quantum Data Inc

Occupation
Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9381

Amount of Each Receipt this Period

30.00

Pledge

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Mark Stockfisch Mailing Address 138 Lawrence Ave. City State Zip Code Bloomington IL 60108-1008 FEC ID number of contributing federal political committee. C Name of Employer Occupation Quantum Data Inc Electrical Engineer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9382 Amount of Each Receipt this Period 30.00 Pledge
B. Full Name (Last, First, Middle Initial) Mark Stockfisch Mailing Address 138 Lawrence Ave. City State Zip Code Bloomington IL 60108-1008 FEC ID number of contributing federal political committee. C Name of Employer Occupation Quantum Data Inc Electrical Engineer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 330.00			Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9383 Amount of Each Receipt this Period 30.00 Pledge
C. Full Name (Last, First, Middle Initial) Mark Stockfisch Mailing Address 138 Lawrence Ave. City State Zip Code Bloomington IL 60108-1008 FEC ID number of contributing federal political committee. C Name of Employer Occupation Quantum Data Inc Electrical Engineer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 360.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 5 Transaction ID: SA11A1.9384 Amount of Each Receipt this Period 30.00 Pledge
SUBTOTAL of Receipts This Page (optional) ▶			90.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Christopher Stoll

Mailing Address 7013 Seward

City State Zip Code
 Niles IL 60714

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9246

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)

Christopher Stoll

Mailing Address 7013 Seward

City State Zip Code
 Niles IL 60714

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9247

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)

Christopher Stoll

Mailing Address 7013 Seward

City State Zip Code
 Niles IL 60714

FEC ID number of contributing federal political committee.

C

Name of Employer
Allstate Insurance CompanyOccupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9248

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Christopher Stoll

Mailing Address 7013 Seward

City State Zip Code
 Niles IL 60714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allstate Insurance Company

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.9249

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)

Jan E. Stover

Mailing Address 515 W. Main St.

City State Zip Code
 Greenville IL 62246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
exec dir lpi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9322

Amount of Each Receipt this Period

270.00

Pledge

C. Full Name (Last, First, Middle Initial)

Jan E. Stover

Mailing Address 515 W. Main St.

City State Zip Code
 Greenville IL 62246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
exec dir lpi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 0 / 2 0 0 5

Transaction ID: SA11A1.9278

Amount of Each Receipt this Period

90.00

Pledge

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

James Tobin

Mailing Address 1822 S. Home

City State Zip Code
 Berwyn IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
political activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 2 / 2 0 0 5

Transaction ID: SA11A1.9659

Amount of Each Receipt this Period

100.00

Pledge

B. Full Name (Last, First, Middle Initial)

James Tobin

Mailing Address 1822 S. Home

City State Zip Code
 Berwyn IL 60402

FEC ID number of contributing
federal political committee.

C

Name of Employer
self-employed

Occupation
political activist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9321

Amount of Each Receipt this Period

100.00

Pledge

C. Full Name (Last, First, Middle Initial)

Pam Troha

Mailing Address 432 Maple Lane

City State Zip Code
 Hillside IL 60162

FEC ID number of contributing
federal political committee.

C

Name of Employer
H.R. Block

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9397

Amount of Each Receipt this Period

200.00

Donation

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Valiant S. Vetter

Mailing Address 2119 Wilmette Ave

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 8 / 2 0 0 5

Transaction ID: SA11A1.9428

Amount of Each Receipt this Period

50.00

Pledge

B. Full Name (Last, First, Middle Initial)

Valiant S. Vetter

Mailing Address 2119 Wilmette Ave

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 5

Transaction ID: SA11A1.9429

Amount of Each Receipt this Period

135.00

Donation

C. Full Name (Last, First, Middle Initial)

Valiant S. Vetter

Mailing Address 2119 Wilmette Ave

City State Zip Code
 Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9430

Amount of Each Receipt this Period

25.00

Pledge

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Valiant S. Vetter
Mailing Address 2119 Wilmette Ave

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9431

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)
Valiant S. Vetter
Mailing Address 2119 Wilmette Ave

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9432

Amount of Each Receipt this Period

25.00

Pledge

C. Full Name (Last, First, Middle Initial)
Valiant S. Vetter
Mailing Address 2119 Wilmette Ave

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.9433

Amount of Each Receipt this Period

43.00

Pledge

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)
Valiant S. Vetter
Mailing Address 2119 Wilmette Ave

City State Zip Code
Wilmette IL 60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1011.63

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 0 5

Transaction ID: SA11A1.9434

Amount of Each Receipt this Period

25.00

Pledge

B. Full Name (Last, First, Middle Initial)
James C. Waldron
Mailing Address 1505 Georgia Ct. #202

City State Zip Code
Naperville IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 0 5

Transaction ID: SA11A1.9671

Amount of Each Receipt this Period

210.00

Pledge

C. Full Name (Last, First, Middle Initial)
James C. Waldron
Mailing Address 1505 Georgia Ct. #202

City State Zip Code
Naperville IL 60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 5

Transaction ID: SA11A1.9308

Amount of Each Receipt this Period

75.00

Pledge

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. James C. Waldron

Mailing Address 1505 Georgia Ct. #202

City State Zip Code
 Naperville IL 60540

FEC ID number of contributing federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 1 4 / 2 0 0 5

Transaction ID: SA11A1.9309

Amount of Each Receipt this Period

150.00

Pledge

Full Name (Last, First, Middle Initial)

B. William Wolf

Mailing Address 129 Jacobini Rd.

City State Zip Code
 Cobden IL 62920

FEC ID number of contributing federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1580.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9458

Amount of Each Receipt this Period

500.00

Pledge

Full Name (Last, First, Middle Initial)

C. William Wolf

Mailing Address 129 Jacobini Rd.

City State Zip Code
 Cobden IL 62920

FEC ID number of contributing federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1715.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 5

Transaction ID: SA11A1.9459

Amount of Each Receipt this Period

135.00

Pledge

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

22252.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 80

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7252.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 5

Transaction ID: SA12.9975

Amount of Each Receipt this Period

944.50

UMP

Full Name (Last, First, Middle Initial)

B. Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8197.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 5

Transaction ID: SA12.9981

Amount of Each Receipt this Period

945.00

UMP

Full Name (Last, First, Middle Initial)

C. Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9135.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Transaction ID: SA12.9982

Amount of Each Receipt this Period

938.00

UMP

SUBTOTAL of Receipts This Page (optional)

2827.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 80

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial)

Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10052.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 5

Transaction ID: SA12.9986

Amount of Each Receipt this Period

917.00

UMP

B. Full Name (Last, First, Middle Initial)

Libertarian National Committee, Inc.

Mailing Address 2600 Virginia Av NW #100
2600 Virginia Avenue, NW

City State Zip Code
Washington DC 20037

FEC ID number of contributing
federal political committee.

C C00255695

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10969.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: SA12.9987

Amount of Each Receipt this Period

917.00

UMP

SUBTOTAL of Receipts This Page (optional)

1834.00

TOTAL This Period (last page this line number only)

4661.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 80

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Libertarian Party of Illinois

A.

Full Name (Last, First, Middle Initial)

Valiant S. Vetter

Mailing Address 2119 Wilmette Ave

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tribune Co.

Occupation

Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.63

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 0 / 2 0 0 5

Transaction ID: SA13.9602

Amount of Each Receipt this Period

448.63

Additional Convention Fees

SUBTOTAL of Receipts This Page (optional)

448.63

TOTAL This Period (last page this line number only)

448.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Jim Babka		Transaction ID: SB21B.9499 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2005</div> </div>	
Mailing Address 6718 Linclair		Amount of Each Disbursement this Period <div>292.03</div>	
City Alexandria State VA Zip Code 22306	Purpose of Disbursement Speaker Fee/Travel Candidate Name	<div>003</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Big Timber Graphics		Transaction ID: SB21B.9470 Date of Disbursement <div> <div>10</div> <div>18</div> <div>2005</div> </div>	
Mailing Address 12 E Main Street		Amount of Each Disbursement this Period <div>680.00</div>	
City East Dundee State IL Zip Code 60118	Purpose of Disbursement Newsletter Candidate Name	<div>003</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) ePerfect		Transaction ID: SB21B.9562 Date of Disbursement <div> <div>09</div> <div>06</div> <div>2005</div> </div>	
Mailing Address PO Box 2487		Amount of Each Disbursement this Period <div>86.85</div>	
City Universal City State TX Zip Code 78148	Purpose of Disbursement Internet Hosting Candidate Name	<div>001</div> Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

1058.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 52 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. ePerfect Full Name (Last, First, Middle Initial) Mailing Address PO Box 2487 City Universal City State TX Zip Code 78148 Purpose of Disbursement Internet Hosting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9583 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5 Amount of Each Disbursement this Period 68.85
B. InsightBB Full Name (Last, First, Middle Initial) Mailing Address 3517 N. Dries Ln City Peoria State IL Zip Code 61604 Purpose of Disbursement Internet Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9556 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 5 Amount of Each Disbursement this Period 113.81
C. Integrated Leasing Full Name (Last, First, Middle Initial) Mailing Address 600 Sylvan Ave. City Englewood Cliffs State NJ Zip Code 07632 Purpose of Disbursement CC Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9483 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 5 / 2 0 0 5 Amount of Each Disbursement this Period 34.83

SUBTOTAL of Disbursements This Page (optional)

217.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Integrated Leasing

Mailing Address 600 Sylvan Ave.

City Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9484

Date of Disbursement

08 / 02 / 2005

Amount of Each Disbursement this Period

34.83

Full Name (Last, First, Middle Initial)

B. Integrated Leasing

Mailing Address 600 Sylvan Ave.

City Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9485

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

34.83

Full Name (Last, First, Middle Initial)

C. Integrated Leasing

Mailing Address 600 Sylvan Ave.

City Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9486

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

34.83

SUBTOTAL of Disbursements This Page (optional)

104.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Integrated Leasing

Mailing Address 600 Sylvan Ave.

City Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9487

Date of Disbursement

11 / 02 / 2005

Amount of Each Disbursement this Period

34.83

Full Name (Last, First, Middle Initial)

B. Integrated Leasing

Mailing Address 600 Sylvan Ave.

City Englewood Cliffs State NJ Zip Code 07632

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9488

Date of Disbursement

12 / 02 / 2005

Amount of Each Disbursement this Period

34.83

Full Name (Last, First, Middle Initial)

C. Lincoln Hotel

Mailing Address 701 E. Adams

City Springfield State IL Zip Code 62701

Purpose of Disbursement
 Convention Catering and Room Rental

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9501

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

1596.00

SUBTOTAL of Disbursements This Page (optional)

1665.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9507 Date of Disbursement <div> <div>11</div> <div>07</div> <div>2005</div> </div>	
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>2626.00</div>	
City Springfield	State IL		Zip Code 62701
Purpose of Disbursement Convention Catering and Room Rental			<div>003</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9589 Date of Disbursement <div> <div>11</div> <div>08</div> <div>2005</div> </div>	
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>1235.00</div>	
City Springfield	State IL		Zip Code 62701
Purpose of Disbursement Convention Catering and Room Rental			<div>003</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9604 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2005</div> </div>	
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>400.88</div>	
City Springfield	State IL		Zip Code 62701
Purpose of Disbursement Convention Catering and Room Rental			<div>003</div> Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

4261.88

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9598 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2005</div> </div>
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>1000.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Disbursement Convention Catering and Room Rental	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9600 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2005</div> </div>
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>400.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Disbursement Convention Catering and Room Rental	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9603 Date of Disbursement <div> <div>11</div> <div>14</div> <div>2005</div> </div>
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>1000.00</div>
City Springfield State IL Zip Code 62701		
Purpose of Disbursement Convention Catering and Room Rental	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

2400.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Lincoln Hotel		Transaction ID: SB21B.9601 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 8 / 2 0 0 5</div> </div>
Mailing Address 701 E. Adams		Amount of Each Disbursement this Period <div>448.63</div>
City Springfield State IL Zip Code 62701		
Purpose of Disbursement Convention Catering and Room Rental	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Merchant Bank		Transaction ID: SB21B.9511 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 5</div> </div>
Mailing Address P.O. Box 1780		Amount of Each Disbursement this Period <div>43.08</div>
City Simi Valley State CA Zip Code 93062		
Purpose of Disbursement CC Processing	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Merchant Bank		Transaction ID: SB21B.9514 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 2 / 2 0 0 5</div> </div>
Mailing Address P.O. Box 1780		Amount of Each Disbursement this Period <div>42.00</div>
City Simi Valley State CA Zip Code 93062		
Purpose of Disbursement CC Processing	<div>003</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

533.71

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9517

Date of Disbursement

09 / 02 / 2005

Amount of Each Disbursement this Period

67.15

Full Name (Last, First, Middle Initial)

B. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9521

Date of Disbursement

09 / 21 / 2005

Amount of Each Disbursement this Period

102.67

Full Name (Last, First, Middle Initial)

C. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9523

Date of Disbursement

10 / 04 / 2005

Amount of Each Disbursement this Period

79.10

SUBTOTAL of Disbursements This Page (optional)

248.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
 Simi Valley CA 93062

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9529

Date of Disbursement

10 / 26 / 2005

Amount of Each Disbursement this Period

51.34

Full Name (Last, First, Middle Initial)

B. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
 Simi Valley CA 93062

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9532

Date of Disbursement

11 / 04 / 2005

Amount of Each Disbursement this Period

43.90

Full Name (Last, First, Middle Initial)

C. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
 Simi Valley CA 93062

Purpose of Disbursement
 CC Processing

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9533

Date of Disbursement

11 / 09 / 2005

Amount of Each Disbursement this Period

18.69

SUBTOTAL of Disbursements This Page (optional)

113.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9534

Date of Disbursement

11 / 10 / 2005

Amount of Each Disbursement this Period

18.42

Full Name (Last, First, Middle Initial)

B. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9535

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

54.61

Full Name (Last, First, Middle Initial)

C. Merchant Bank

Mailing Address P.O. Box 1780

City State Zip Code
Simi Valley CA 93062

Purpose of Disbursement
CC Processing

Candidate Name

003
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9536

Date of Disbursement

12 / 19 / 2005

Amount of Each Disbursement this Period

53.73

SUBTOTAL of Disbursements This Page (optional)

126.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Nextel Full Name (Last, First, Middle Initial) Mailing Address P.O. 17990 City Denver State CO Zip Code 80217-0990 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9616 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Amount of Each Disbursement this Period 239.58 001 Category/ Type
B. Office Max Full Name (Last, First, Middle Initial) Mailing Address 370 N. Eighth City West Dundee State IL Zip Code 60118 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9537 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 40.00 001 Category/ Type
C. Office Max Full Name (Last, First, Middle Initial) Mailing Address 370 N. Eighth City West Dundee State IL Zip Code 60118 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9538 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 5 Amount of Each Disbursement this Period 123.05 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional)

402.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Office Max

Mailing Address 370 N. Eighth

City West Dundee State IL Zip Code 60118

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9539

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

120.76

Full Name (Last, First, Middle Initial)

B. Office Max

Mailing Address 370 N. Eighth

City West Dundee State IL Zip Code 60118

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9540

Date of Disbursement

08 / 22 / 2005

Amount of Each Disbursement this Period

144.70

Full Name (Last, First, Middle Initial)

C. Office Max

Mailing Address 370 N. Eighth

City West Dundee State IL Zip Code 60118

Purpose of Disbursement
Office Supplies

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9624

Date of Disbursement

08 / 23 / 2005

Amount of Each Disbursement this Period

112.31

SUBTOTAL of Disbursements This Page (optional)

377.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mary Ruwart

Mailing Address 2455 Brathay Ct.

City Charlotte State NC Zip Code 28269

Purpose of Disbursement
 Speaker Fee/travel

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9509

Date of Disbursement

11 / 14 / 2005

Amount of Each Disbursement this Period

871.30

Full Name (Last, First, Middle Initial)

B. SBC

Mailing Address PO Box 4520

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
 Phone

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9541

Date of Disbursement

08 / 01 / 2005

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. SBC

Mailing Address PO Box 4520

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
 Phone

Candidate Name

003
 Category/
 Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9542

Date of Disbursement

09 / 21 / 2005

Amount of Each Disbursement this Period

141.39

SUBTOTAL of Disbursements This Page (optional) ►

1052.69

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9543 Date of Disbursement <div> <div>07</div> <div>11</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>28.35</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9544 Date of Disbursement <div> <div>08</div> <div>08</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>35.69</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
C. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9625 Date of Disbursement <div> <div>08</div> <div>23</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>36.37</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)

100.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9561 Date of Disbursement <div> <div>09</div> <div>06</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>35.85</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel	<div>002</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9629 Date of Disbursement <div> <div>09</div> <div>20</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>40.63</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel	<div>002</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9623 Date of Disbursement <div> <div>10</div> <div>07</div> <div>2005</div> </div>
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div>50.72</div>
City Houston State TX Zip Code 77252		
Purpose of Disbursement Travel	<div>002</div> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

127.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Shell Oil		Transaction ID: SB21B.9618 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 0 / 2 0 0 5</div> </div>	
Mailing Address PO Box 2463		Amount of Each Disbursement this Period <div> <div></div> <div>48.32</div> </div>	
City Houston State TX Zip Code 77252	Purpose of Disbursement Travel	002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Sprint		Transaction ID: SB21B.9545 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 5</div> </div>	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period <div> <div></div> <div>449.72</div> </div>	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement Phone	001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Sprint		Transaction ID: SB21B.9548 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 1 / 2 0 0 5</div> </div>	
Mailing Address P.O. Box 152046		Amount of Each Disbursement this Period <div> <div></div> <div>80.00</div> </div>	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement Phone	001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

578.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 152046 City Irving State TX Zip Code 75015-2046 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9558 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 5 Amount of Each Disbursement this Period 110.00 Category/Type 001
B. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 152046 City Irving State TX Zip Code 75015-2046 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9570 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 5 Amount of Each Disbursement this Period 212.00 Category/Type 001
C. Sprint Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 152046 City Irving State TX Zip Code 75015-2046 Purpose of Disbursement Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21B.9572 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 5 Amount of Each Disbursement this Period 40.00 Category/Type 001

SUBTOTAL of Disbursements This Page (optional)

362.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Sprint

Mailing Address P.O. Box 152046

City Irving State TX Zip Code 75015-2046

Purpose of Disbursement

Phone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9617

Date of Disbursement

11 / 17 / 2005

Amount of Each Disbursement this Period

153.20

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9490

Date of Disbursement

07 / 12 / 2005

Amount of Each Disbursement this Period

343.50

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9491

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)

676.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Reimburseables

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9492

Date of Disbursement

07 / 18 / 2005

Amount of Each Disbursement this Period

28.92

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Consultant-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9493

Date of Disbursement

07 / 22 / 2005

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Consultant-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.9494

Date of Disbursement

07 / 31 / 2005

Amount of Each Disbursement this Period

240.00

SUBTOTAL of Disbursements This Page (optional)

868.92

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Mr. Jeff Trigg		Transaction ID: SB21B.9495 Date of Disbursement <div> <div>08</div> <div>05</div> <div>2005</div> </div>	
Mailing Address 2808 W War Memorial Drive Suite E			
City Peoria	State IL	Zip Code 61615-3469	
Purpose of Disbursement Consultant-Administrative Work		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
B. Full Name (Last, First, Middle Initial) Mr. Jeff Trigg		Transaction ID: SB21B.9553 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2005</div> </div>	
Mailing Address 2808 W War Memorial Drive Suite E			
City Peoria	State IL	Zip Code 61615-3469	
Purpose of Disbursement Consultant-Administrative Work		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			
C. Full Name (Last, First, Middle Initial) Mr. Jeff Trigg		Transaction ID: SB21B.9554 Date of Disbursement <div> <div>08</div> <div>25</div> <div>2005</div> </div>	
Mailing Address 2808 W War Memorial Drive Suite E			
City Peoria	State IL	Zip Code 61615-3469	
Purpose of Disbursement Consultant-Administrative Work		<div>001</div> Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)

1040.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9555

Date of Disbursement

08 / 25 / 2005

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9563

Date of Disbursement

09 / 07 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9564

Date of Disbursement

09 / 09 / 2005

Amount of Each Disbursement this Period

531.58

SUBTOTAL of Disbursements This Page (optional)

1631.58

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9565

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

880.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Reimburseables

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9715

Date of Disbursement

09 / 20 / 2005

Amount of Each Disbursement this Period

53.33

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9571

Date of Disbursement

10 / 03 / 2005

Amount of Each Disbursement this Period

320.00

SUBTOTAL of Disbursements This Page (optional)

1253.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9575

Date of Disbursement

10 / 14 / 2005

Amount of Each Disbursement this Period

606.50

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Reimburseables

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9578

Date of Disbursement

10 / 20 / 2005

Amount of Each Disbursement this Period

50.72

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
 Consultant-Administrative Work

Candidate Name

001
 Category/
 Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9585

Date of Disbursement

10 / 28 / 2005

Amount of Each Disbursement this Period

380.84

SUBTOTAL of Disbursements This Page (optional)

1038.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Full Name (Last, First, Middle Initial)

A. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Consulting-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9588

Date of Disbursement

11 / 07 / 2005

Amount of Each Disbursement this Period

360.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Consulting-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9608

Date of Disbursement

11 / 18 / 2005

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeff Trigg

Mailing Address 2808 W War Memorial Drive Suite E

City Peoria State IL Zip Code 61615-3469

Purpose of Disbursement
Consulting-Administrative Work

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.9497

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9860.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 75 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
 Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) Mr. Jeff Trigg		Transaction ID: SB21B.9609 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 6 / 2 0 0 5</div> </div>	
Mailing Address 2808 W War Memorial Drive Suite E		Amount of Each Disbursement this Period <div>321.32</div>	
City Peoria State IL Zip Code 61615-3469	Purpose of Disbursement Consulting-Administrative Work	<div>001</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) U.S. Postal Service		Transaction ID: SB21B.9592 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 5</div> </div>	
Mailing Address 611 S. 8th St.		Amount of Each Disbursement this Period <div>222.00</div>	
City West Dundee State IL Zip Code 60118-9998	Purpose of Disbursement Postage	<div>003</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Vision Mailing Services		Transaction ID: SB21B.9577 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 5</div> </div>	
Mailing Address 11461 Allison Court		Amount of Each Disbursement this Period <div>206.94</div>	
City Huntley State IL Zip Code 60142	Purpose of Disbursement Postage	<div>003</div> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

750.26

TOTAL This Period (last page this line number only)

30851.75

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

Transaction ID: SC/10.9602

LOAN SOURCE Full Name (Last, First, Middle Initial)

Valiant S. Vetter

Election:

- ☐
- Primary
-
- ☐
- General
-
- ☐
- Other (specify) ▼

Mailing Address 2119 Wilmette Ave

City Wilmette State IL ZIP Code 60091

Original Amount of Loan

448.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

448.63

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 1D D
2 0Y Y Y Y
2 0 0 5

12/31/2006

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

448.63

TOTALS This Period (last page in this line only) ▶

448.63

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 77 / 80

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
Accurate Press

Nature of Debt (Purpose):

Mailing Address PO Box 86

City State ZIP Code
Lonedell MO 63060

Outstanding Balance Beginning This Period

588.16

Transaction ID: SD10.8572

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

588.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Fox Valley Libertarians

Nature of Debt (Purpose):

Mailing Address 507 S. Seventh St.

City State ZIP Code
West Dundee IL 60118

Outstanding Balance Beginning This Period

536.00

Transaction ID: SD10.8575

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

536.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Richard W. Reeves

Nature of Debt (Purpose):

Mailing Address 1416 S. 12th

City State ZIP Code
Pekin IL 61554

Outstanding Balance Beginning This Period

66.10

Transaction ID: SD10.8563

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.10

1) SUBTOTALS This Period This Page (optional).....

1190.26

2) TOTALS This Period (last page this line number only).....**3) TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Andrew B. Spiegel

Nature of Debt (Purpose):

Mailing Address 702 Chidester Ave.

City State ZIP Code
Glen Ellyn IL 60137

Outstanding Balance Beginning This Period

3866.10

Transaction ID: SD10.8568

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3866.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mr. Jeff Trigg

Nature of Debt (Purpose):

Mailing Address 2808 W War Memorial Drive Suite E

City State ZIP Code
Peoria IL 61615-3469

Outstanding Balance Beginning This Period

4921.87

Transaction ID: SD10.8566

Amount Incurred This Period

0.00

Payment This Period

4821.32

Outstanding Balance at Close of This Period

100.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Dept. of Treasury - FMS

Nature of Debt (Purpose):

Mailing Address Allied Interstate, Inc.
PO Box 740064

City State ZIP Code
Atlanta GA 30374-0064

Outstanding Balance Beginning This Period

682.13

Transaction ID: SD10.8565

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

682.13

1) **SUBTOTALS** This Period This Page (optional).....

4648.78

2) **TOTALS** This Period (last page this line number only).....3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 79 / 80

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
Libertarian Party of Illinois

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
U.S. Dept. of Treasury - FMS

Nature of Debt (Purpose):

Mailing Address Allied Interstate, Inc.
PO Box 740064

City State ZIP Code
Atlanta GA 30374-0064

Outstanding Balance Beginning This Period

5182.50

Transaction ID: SD10.8569

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5182.50

1) **SUBTOTALS** This Period This Page (optional)..... ▶

5182.50

2) **TOTALS** This Period (last page this line number only)..... ▶

11021.54

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

Image# 26960118853

Form/Schedule: **F3XA**

Transaction ID:

The Libertarian Party of Illinois does not pay salary or wages to anyone. The Libertarian Party of Illinois has no employees and so we wouldn't have any employees who spend more than 25% of their compensated time on Federal Election Activity or activities in connection with a Federal election.
